

NO FUNDS FOR ALCOHOLISM -- TESTIMONY ON
SECOND SUPPLEMENTAL APPROPRIATIONS BILL FISCAL 1971

House Appropriations Subcommittee on Labor-HEW (Rep. Flood, Chairman)

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by

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Mr. Chairman and Members of the Committee:

I am here today because of a deep sense of puzzlement as to the Administration's intentions in the field of alcoholism.

On December 31, 1970, President Nixon signed into law the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. As you know, this measure (P.L. 91-616) received strong bi-partisan support and was passed overwhelmingly in both bodies of the Congress.

The legislation authorizes \$300,000,000 over a three-year period for formula grants to the states and project grants to finance a major offensive against the problem of alcoholism. The largest share of the funds -- \$180,000,000 -- was specifically allocated in the House bill to formula grants because of the unanimous conviction of the House Interstate Commerce Committee that the states and localities needed block grant money to develop state plans and to establish and maintain direct services for thousands upon thousands of alcoholics now overwhelming our jail, court and hospital systems. Voluminous testimony before that committee again and again highlighted the point that only a handful of states had even begun the process of devising a comprehensive statewide program. The formula grant, therefore, is the heart and guts of the bill; it is the catalyst which will get many states moving.

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For fiscal 1971, P.L. 91-616 authorizes \$70,000,000, of which \$40,000,000 is allocated in formula grants to the states. The minimum allocation to a state is \$200,000, with the larger states receiving in excess of one million dollars each. Last December the Senate included \$30,000,000 for the alcoholism provisions of P.L. 91-616 in the first supplemental appropriations bill for fiscal 1971. At that time the authorizing legislation had not cleared the House, but the intent of the House is crystal clear in this quotation from the first supplemental conference report presented on the House Floor by the distinguished Chairman of this Subcommittee:

"The conferees did not include funds for the proposed Alcohol Abuse and Alcoholism Prevention and Rehabilitation Act of 1970. The bill has passed the Senate and was scheduled for action in the House later in the day that the conferees made this decision. The conferees are agreed that if this bill becomes law, the most serious consideration will be given to the proper level of funding in the next session of Congress."

We were overjoyed at this evidence of Congressional intent, and the National Council on Alcoholism informed its affiliate chapters in every state in the country that after a decade of struggle we were finally to see the inauguration of a massive attack upon the disease of alcoholism.

We were further heartened when on January 11th of this year Secretary of Health, Education, and Welfare Elliot L. Richardson and Secretary of Transportation John Volpe held a press conference here in Washington to announce the signing of an agreement coordinating the alcoholism programs of the National Institute of Mental Health with those of the Highway Traffic Safety Administration. On that occasion, Secretary Richardson

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seemingly indicated his full appreciation of the importance of the immediate implementation of the new legislation when he remarked that:

"The \$300,000,000 Alcohol Abuse, Prevention, Treatment and Rehabilitation Act signed by President Nixon January 2nd, along with the inter-agency collaboration provided in this new agreement gives us for the first time the tools we need to fight alcohol abuse and alcoholism on a nationwide scale. Our recent estimates disclose that some ten million Americans are dependent on alcohol -- a shocking figure that yet does not begin to reveal the damage to the nation in the terms of alcohol related disease, broken families, economic ruin and death."

According to Mr. Richardson, failure to deal effectively with the problem of alcoholism has been taking a toll of 74,000 lives a year.

With this very clear indication of Secretary Richardson's determination to use all of the tools in the legislation to fight alcoholism on a nationwide scale, were we wrong in informing our state and local affiliates that they could expect that funds would be requested this year so that state planning could begin and additional projects could be financed?

Just two weeks ago, the Senate Subcommittee on Alcoholism and Narcotics called a hearing to find out why the Administration was not recommending a single dime in fiscal 1971 in P. L. 91-616 to establish the tools Secretary Richardson was talking about. Appearing for the Administration Dr. Vernon Wilson, the Administrator of the Health Services and Mental Health Administration, gave the Committee a hair-raising account of the ravages of alcoholism, and I quote directly from his statement:

"There is no question that this is one of the most widespread, destructive, and costly health problems facing our country.

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It is now estimated that alcohol problems adversely affect the lives of some 36,000,000 Americans -- that is, fully one in every six of our men, women, and children are directly or indirectly harmed by alcoholism or alcohol abuse. Nine million of our citizens are alcoholics or problem drinkers, and each of these persons can and does bring untold suffering to the members of their families. Furthermore, approximately 200,000 new cases of alcoholism are being added to the total in the Nation every year.

Alcohol-related problems are the cause of more than 85,000 deaths in the United States annually. In highway accidents, of approximately 50,000 people aged 15 and older killed each year, more than half (28,400) have alcohol in their blood at the time of the accident. Twenty thousand of them have blood-alcohol levels that indicate they are not merely social drinkers. In addition, 500,000 disabling injuries are suffered in crashes involving problem drinkers.

More than half of the 60,000 deaths (34,800) from non-highway accidents involve the abuse of alcohol. These alcohol-related accidents result in approximately six million disabling injuries each year.

Alcoholism, cirrhosis of the liver with alcoholism, or alcoholic psychosis, are the stated causes of death annually on 11,000 death certificates. Further, approximately one-half of all homicides and one-third of all deaths reported as suicides are known to be alcohol-related.

We also can see the enormous size of the alcoholism problem in admissions to mental hospitals. Twenty-six percent of all men admitted are alcoholics, and in the age group 45 to 64, almost half of the new male patients are alcoholics. In toto, approximately one in every three of the 1.5 million patients now in State mental hospitals are under treatment for the problem of alcoholism.

There are nearly two million arrests each year for public drunkenness in this country, accounting for about 40 percent of all nontraffic arrests. Another several hundred thousand arrests result from driving while intoxicated.

A conservative estimate of the annual economic drain from the Nation is \$15 billion per year, including \$10 billion in lost work time of employed alcoholics, \$2 billion in health and welfare costs incurred by alcoholics and their families, and \$3 billion in property damage, wage losses, and other costs associated with traffic accidents.

There are \$100 million plus in outlays for police, court, and penal costs for drunkenness arrests, and the \$300 million for health and welfare agency expenditures related to alcohol abuse. We also know from the report of the Comptroller General of the United States to this Subcommittee, that this disease incurs substantial loss to the Federal Government.

It is impossible, of course, for me to portray in hard statistics or even in estimates the human costs and suffering related to alcoholism from broken homes, deserted families, and the psychological problems commonly found in the children of alcoholic parents. Nor can we accurately measure the value of the 10 or 12-year decrease in the life expectancy of every alcoholic."

Mr. Chairman, the aforementioned is a classic description of what alcoholism -- now the fourth leading killer in our country -- does to the American people. How then, we ask, can the Administration justify the refusal of modest funding for the legislation?

Does it believe that the states are neither interested in, nor capable of, launching effective alcoholism programs?

I respectfully suggest that the Administration take a closer look at the House hearings on this legislation. First of all, the legislation was clearly and emphatically endorsed by a score of major organizations running the gamut from the American Medical Association to the Licensed Beverage Industries of America. Secondly, witnesses appeared from California, New York, Pennsylvania, Florida, Colorado, Oklahoma, Illinois, and other states to assure the Committee that the funds authorized in the legislation could not only be put to immediate use, but were really insufficient to cover the needs of the entire country.

The Board of Supervisors of the County of Los Angeles, which had unanimously endorsed the legislation, sent an official representative to the hearings to point out that there were 500,000 alcoholics in Los Angeles County; with 30,000 drunk-driving arrests annually and 2,500 alcoholics currently in jail. The witness presented to the Committee a chart showing that alcoholism had cost Los Angeles County \$73,000,000 in one year alone in terms of direct services for jail, welfare, court and hospital costs, and several hundred million dollars additional in indirect costs such as lost productivity, premature deaths, and the like. He pointed out that although Los Angeles had one of the most active alcoholism treatment programs in the country, it was reaching only 5% of those that needed to be helped.

The Commissioner of Health for the City of New York, Dr. Mary McLaughlin, gave a minimum estimate of 300,000 alcoholics in that city. She presented data to the Committee documenting the fact that New York City was losing hundreds of millions of dollars each year because of welfare costs, lower job productivity, premature deaths, traffic fatalities and injuries and property damage. On Tuesday of this week the New York Times carried a front-page story entitled, "City Study Reports Alcoholism Is Major Ill Getting Minor Care".

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The study, released by the city's Health Services Administration, notes that alcoholism in that city is the fifth leading cause of death and claims four times as many victims each year as narcotics. In 1969, 6,000 deaths were directly attributed to alcoholism.

The new study estimates that alcoholism costs New York City more than one billion dollars and affects the lives of 1,500,000 people each year. Despite this staggering figure, alcoholism programs in New York City are reaching less than 5% of the population.

In concluding her statement, Dr. McLaughlin said:

"Every dollar spent against this illness will bring ten
or one hundred, or even more dollars in return."

Miss Marian Wettrick, a member of the Board of Directors of the North American Association of Alcoholism Programs, represented Pennsylvania. Strongly endorsing the formula grants to the states, she told the Committee that her state alone could use fifty to sixty million dollars a year in planning and treatment monies.

I could go on citing additional evidence for our contention that the states and localities are ready, willing and able, but all of it is contained in the 435 pages of the House hearings.

Furthermore, Administration officials appearing before the Senate Subcommittee just two weeks ago admitted under questioning from both sides of the aisle that they were being inundated with inquiries from Governors, state and local health services, and innumerable voluntary organizations asking when the funds would be available.

Mr. Chairman, we cannot, in good conscience, postpone this attack on alcoholism any longer. For decades and decades we have refused to face up to it and we have reaped the harvest in ruined lives, shattered families, and staggering economic costs to society.

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We must put an end to the revolving door approach to alcoholism in which the alcoholic is picked up on the streets, thrown into jail, dried out on some work farm, and then is back in jail in a couple of weeks. We have people right here in the District of Columbia who have been before the courts 200 and 300 times over the years because of their alcoholism. We arrest them, we jail them, we clog the courts with them, but we don't treat them.

We want to be realistic in our request here today. We are not asking the full \$70,000,000 authorized for fiscal 1971, although we realize there is a one-year carry over provision in the legislation. However, we think that alcoholism should at least receive the \$30,000,000 in fiscal 1971 appropriated by the Senate last December.

We want to stress again the particular importance of the formula block grants to the states. Under the planning provisions of these formula grants, we are confident that the states can do the same effective job in devising carefully thought out programs in the field of alcoholism as was done in the planning grants for community mental health centers authorized by the Congress in 1962. That two-year planning effort involved 30,000 citizens and became the foundation of our successful community mental health center program today. There is, if anything, an even greater interest among our people in doing this in the field of alcoholism.

We want to assure you that we take the intent of P.L. 91-616 most seriously. It is our legislative bible. Our members throughout the land -- many of whom are recovered alcoholics -- will not rest until the comprehensive program against alcoholism outlined in the legislation becomes a reality.